

**For those who prefer to pay by Credit Card:
For security reasons please fax this payment form to: +39 06 4452845**

Payment Form

deposit for hotel reservation Euro

total amount to be paid: Euro

enclosed:
___ certified cheque
___ copy of bank draft receipt
___ VISA/Mastercard

credit card number: _____ expiry date: _____

name on card (capital letters): _____

cardholder place and date of birth: _____

cardholder signature: _____

cancellations notified after are subject to penalty fee

If the payment is by Check or Money order then Please, return this form with complete payment details to:

Coophotels Roma - Via Santa Croce in Gersalemme 107- 00185 Rome, Italy

Tel. +39 06 4464763 - - Fax +39 06 4452845

e-mail: coophotel@tiscalinet.it

For bank draft, please use following bank details for Coophotels (swift):

COOPHOTELS Roma

Banca Antonveneta

Reference: meeting.....

IBAN Code: IT 15 W 0103003268 00000 1112193

Swift Cose : PASCITM1A32